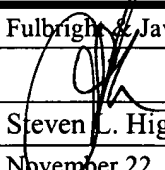


TRANSMITTAL FORM	Application Number:	10/536,932	10/536932
	Filing Date:	May 27, 2005	
	First Named Inventor:	Peter Kufer	
	Art Unit:	Unknown	
	Examiner Name:	Unknown	
Total Number of Pages in this Submission : _____		Attorney Docket Number:	DEBE:059US

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> References _____ <input type="checkbox"/> Certified Copy of Priority Documents <input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Reply to Missing Parts/Requirements <input checked="" type="checkbox"/> Declaration(s) 1 <input checked="" type="checkbox"/> Copy of Notice of Missing Parts/Requirements	<input type="checkbox"/> Drawings(s) _____ <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Statement under 37 CFR §3.73(b) <input type="checkbox"/> Designation of Patent Practitioners <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Check in the amount of \$65.00 <input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted Deposit account number: <u>50-1212/DEBE:059US</u> <input checked="" type="checkbox"/> Sequence Statement <input checked="" type="checkbox"/> Paper Copy of Sequence Listing <input checked="" type="checkbox"/> Computer Readable Form (CRF) <input checked="" type="checkbox"/> Postcard <input type="checkbox"/> _____ <input type="checkbox"/> _____
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Fulbright & Jaworski L.L.P.	Customer Number	32425
Signature			
Printed Name	Steven L. Highlander	Reg. No.	37,642
Date	November 22, 2005		

EXPRESS MAIL MAILING LABEL

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DATE OF DEPOSIT November 22, 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Peter Kufer and

Ingo Mecklenburg

Serial No.: 10/536,932

Filed: May 27, 2005

For: NOVEL REAL-TIME RT-PCR FOR THE
SENSITIVE DETECTION OF MULTIPLE
MAGE GENE TRANSCRIPTS

Group Art Unit: Unknown

Examiner: Unknown

Atty. Dkt. No.: DEBE:059US

EXPRESS MAIL MAILING LABEL

NUMBER EV 414867159 US

DATE OF DEPOSIT November 22, 2005

**RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C.
371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)**

MS PCT

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Sir:

In response to the Notification of Missing Requirements under 35 U.S.C. 371 in the United States Designated/Elected Office (DO/EO/US), dated September 22, 2005, there are enclosed herewith:

- (a) Declaration executed on behalf of Peter Kufer and Ingo Mecklenburg;
- (b) A Power of Attorney on behalf of Peter Kufer and Ingo Mecklenburg;
- (c) Statement as Required Under 37 C.F.R. § 1.825(a) and (b) and Statement as Required Under 37 C.F.R. § 1.821(g);
- (d) Paper copy of Sequence;

- (e) Computer Readable Form (CRF);
- (f) Preliminary Amendment;
- (g) Our check in the amount of \$65.00 to cover the surcharge for late filing (\$65.00);
and
- (h) A copy of Notification of Missing Requirements under 35 U.S.C. 371 in the
United States Designated/Elected Office (DO/EO/US).

If the check is inadvertently omitted, or should any additional fees under 37 C.F.R. §§ 1.16 to 1.21 be required for any reason relating to the enclosed materials, or should an overpayment be included, the Commissioner is authorized to deduct or credit the appropriate fees from or to Fulbright & Jaworski Deposit Account No.: 50-1212/DEBE:059US.


Please date stamp and return the accompanying postcard to evidence receipt of these documents.

11/29/2005 ATRAM1 00000109 10536932
01 FC:2617 65.00 0P

FULBRIGHT & JAWORSKI L.L.P.
600 Congress Avenue, Suite 2400
Austin, Texas 78701
(512) 474-5201

Date: November 22, 2005

Respectfully submitted,


Steven L. Highlander
Reg. No. 37,642
Attorney for Applicants

Copy

disclose all information known to me to be material to patentability of the subject matter claimed in this application, as "materiality" is defined in Title 37, Code of Federal Regulations, § 1.56, which become available between the filing date of the prior application and the national or PCT international filing date of this application: NONE.

(Application Serial No.) (Filing Date) (Status)

(Application Serial No.) (Filing Date) (Status)

I hereby direct that all correspondence and telephone calls be addressed to Steven L. Highlander, Fulbright & Jaworski L.L.P., 600 Congress Avenue, Suite 2400, Austin, Texas 78701. (512) 474-5201.

I HEREBY DECLARE THAT ALL STATEMENTS MADE OF MY OWN KNOWLEDGE ARE TRUE AND THAT ALL STATEMENTS MADE ON INFORMATION AND BELIEF ARE BELIEVED TO BE TRUE, AND FURTHER THAT THESE STATEMENTS WERE MADE WITH THE KNOWLEDGE THAT WILLFUL FALSE STATEMENTS AND THE LIKE SO MADE ARE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH, UNDER SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE AND THAT SUCH WILLFUL FALSE STATEMENTS MAY JEOPARDIZE THE VALIDITY OF THE APPLICATION OR ANY PATENT ISSUED THEREON.

1-00

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2-00

Inventor's Full Name:	Inge Mecklenburg
Inventor's Signature:	<i>Inge Mecklenburg</i> Date: 25 Sept. 05
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03/26/05
J. H.